## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR

Timothy D. Seeley

APPLICATION IDENTIFIER:

FOR:

MULTIPLEX ILLUMINATOR AND DEVICE READER FOR

MICROCANTILEVER ARRAY

November 10, 2003 Boston, Massachusetts

MAIL STOP PATENT APPLICATION Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

## REQUEST FOR FILING A NONPROVISIONAL APPLICATION UNDER 37 C.F.R. §1.53(b)

1.	This is	a request for filing a nonprovisional application under 37 C.F.R. §1.53(b).					
2.		Specification and Drawings (49 Total pages:)  Specification (25 pages); 51 Claims (4 pages); Abstract (1 page); and  Drawings: 19 sheets (Figs. 1 -20)  Formal  Informal					
3.	$\boxtimes$	Declaration and Power of Attorney (2 pages)					
		<ul><li>☐ Unsigned</li><li>☐ Signed</li></ul>					
4.		Paper Copy of the "Sequence Listing"					
5.		Statement in Support of Computer Readable Form Submission					
6.		Initial Computer Readable Form Copy of the "Sequence Listing"					
7.		Information Disclosure Statement (IDS)					
		Copy of IDS and PTO-1449 ( pages) Copies of references cited					
8.		Assignment Papers					
		Recordation Form Cover Sheet (PTO-1595) Assignment Document					

Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

9. Preliminary Amendment

Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)).
Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).

## 10. Fee Calculation

CLAIMS AS FILED								
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$770.00			
Total Claims (37 C.F.R. 1.16(c))	51	- 20 =	31	\$18.00	\$558.00			
Independent Claims (37 C.F.R. 1.16(b))	4	<b>-</b> 3 =	1	\$86.00	\$ 86.00			
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0		0	\$290.00				
	SUBTOTAL:		\$1,414.00					
Reduction by 50% for filing by small entity:				\$707.00				
TOTAL FEE:				\$707.00				

- 12.  $\triangle$  A check in the amount of §707.00 is enclosed.
- 13. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 24499-533:

Fees required under 37 C.F.R. §1.16;

Fees required under 37 C.F.R. §1.17; Fees required under 37 C.F.R. §1.18.

14. Return Receipt Postcard Enclosed.

Respectfully submitted,

Sonia K. Guterman, Esq., Reg. No. 44,729

Attorney(s) for Applicants

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY and POPEO, P.C.

One Financial Center

Boston, Massachusetts 02111

Tel: (617) 542-6000 Fax: (617) 542-2241

Customer No. 30623

TRA 1850355v1